

# Office of Senator Sam Brownback

## Intern Application

Please complete and return to : Senator Sam Brownback  
Attn: Intern Coordinator  
United States Senate  
Washington, DC 20510

Name:

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Permanent Address: 

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Home Telephone:

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Date of Birth:

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Social Security Number:

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College or University and Year in School:

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School Address:

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School Telephone:

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Desired Internship Session: (for summer sessions, please indicated 1st choice)

\_\_\_\_ SPRING SEMESTER

\_\_\_\_ SUMMER SESSION I (Approx. May 28 - July 6)

\_\_\_\_ SUMMER SESSION II (Approx. July 6 - August 17)

\_\_\_\_ FALL SEMESTER

Specific issue areas of interest to you:

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Activities:

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Skills applicable to Internship (typing, computer, research, etc.):

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### **ACADEMIC INFORMATION**

Do you seek academic credit for this internship?

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Advisor's name and daytime telephone:

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Academic Major:

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GPA:

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### **OCCUPATIONAL INFORMATION**

Job or volunteer experience beginning with the most recent:

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Name, address and phone numbers of three references:

1) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parents/Guardian

Name and address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Occupation and daytime phone:

\_\_\_\_\_

**Please include a resume and a one-page essay detailing your interest in appointment to this internship.**

If selected, I hereby agree to abide by the rules and regulations for congressional employees and the office of Senator Sam Brownback.

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Signature of Applicant

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Date

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